

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

33885

STATE FILE NUMBER

8888

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips				Length of stay in 15		d. STREET ADDRESS 2719 I229 N Garrison		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Guy Mills				4. DATE OF DEATH Month Day Year 9 16 1957					
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2/19/1908		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter				10b. KIND OF BUSINESS OR INDUSTRY Fred Harveys Restrant		11. BIRTHPLACE (City and state or country) Aberdeen Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Anderson Mills				14. MOTHER'S MAIDEN NAME Dellie Wells					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.				16. SOCIAL SECURITY NO. 480-30-3323		17. INFORMANT Hattie Jacobs 3076 Marada Ave Memphis, Tenn.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pericarditis;</i> DUE TO (b) <i>Subdural Hemorrhage.</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter only one injury in Part I or Part II of item 20b.) <i>Fallen from fall down steps of house, June 30th 1957</i>			
20c. TIME OF INJURY Hour a. m. p. m. 7 6:30 57		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 2719 N. Garrison		20f. CITY, TOWN, OR LOCATION St. Louis Mo			
21. I attended the deceased from <i>140 P.</i> to <i>her</i> and last saw <i>him</i> <i>alive</i> Death occurred at <i>m</i> on the date stated above; and to the best of my knowledge, from the causes stated.								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
22a. SIGNATURE (Degree or title) <i>Patrick C. Taylor Coroner</i>				22b. ADDRESS <i>1300 Clark</i>				22c. DATE SIGNED <i>9-23-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9/23/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>			
24. FUNERAL DIRECTOR Peoples Und. Co. 3100 Franklin Ave				25. DATE RECD. BY LOCAL REG. SEP 23 57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith m.d.</i>			

(Licensed Embalmer's Statement, on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

W. Claude Gordon

Licensed Embalmer No. *34*

P. O. Address *4575*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.